

Insurer Name: Electric Insurance Company
 NAIC Number: 21261
 Name of Advisory Organization Whose Filing You are Referencing N/A
 Co. Affiliation to Advisory Organization: Member ☐ Subscriber ☐ Service Purchaser ☐
 Reference Filing #: _____ Proposed Effective Date: 09/01/2005

Contact Person: Dave Schofield
 Signature: *Dave Schofield*
 Telephone No: (561) 416-3992 x223

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
PPA - Bodily Injury	9.6	9.6					
PPA - Property Damage	22.2	22.2					
PPA - Medical Payments	388.7	388.7					
PPA - Uninsured/Underinsured Motorist	52.6	52.6					
PPA - Comprehensive	-36.9	-36.9					
PPA - Collision	-16.3	-16.3					
PPA=Private Passenger Auto							
TOTAL OVERALL EFFECT	5.7	5.7					

Apply Lost Cost Factors to Future Filings? (Y or N)

71.0 Estimated Maximum Rate Increase for any Arkansas Insured (%)
 -18.5 Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Selected Provisions

		Rate Change History							
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	
2000	47	NONE		37	36	97.3	74.6	B. General Expense	
2001	71	NONE		70	10	14.3	70.9	C. Taxes, License & Fees	
2002	107	NONE		96	40	41.7	70.9	D. Underwriting Profit & Contingencies	
2003	99	NONE		129	64	49.6	69.7	E. Other (explain)	
2004	91	NONE		111	36	32.4	64.8	F. TOTAL	